

Fannett-Metal School District

**Emergency Contact Information**

**Student Name:** \_\_\_\_\_ **Grade & Teacher:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (If Different):**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Student lives with:** \_\_\_\_\_ **Both parents** \_\_\_\_\_ **Father/Step-Father** \_\_\_\_\_ **Mother/Step-Mother** \_\_\_\_\_ **Guardian**

**Please circle one:**

**Father/Step-Father/Guardian/Other** **Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone # of Place of Employment** \_\_\_\_\_

**Please circle one:**

**Mother/Step-Mother/Guardian/Other** **Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone # of Place of Employment** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **(Receive Text - Y or N)** **Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **(Receive Text - Y or N)** **Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_ **(Receive Text - Y or N)** **Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Other Children in same household:**

Name	Gender	Date of Birth	Grade

**See Reverse Side**

**~~Please place asterisk (\*) by new information.~~**